STATE PROPERTY AND THE TRANSFERRING THEREOF

1.0 Whenever property of any description is to be transferred to a new location, it is mandatory to notify the Property Office in advance, furnishing the equipment number, and being certain of approval before any move is made. This does not apply to an emergency situation where an extra bed is needed immediately on a ward; however, it is imperative that when there is an emergency, the Property Office be notified as soon thereafter as practicable. Transfer of Property must have the signature of the Superintendent of Nursing Services or the Assistant Superintendent of Nursing Services. Record in Ward Report Book. If transfers are made without approval or notification, property records are inaccurate, and it may take several inspections before the transfer is discovered.

2.0 It is requested that all department heads notify their respective divisions to insure complete understanding of this policy.

A. It is also requested that, in the future, all property transactions be cleared with the Property Office - Extension 293 - prior to actual transfer.

B. The management is liable to criticism by the State Auditing Units if property transfers are not made in accordance with general law. In short, since all equipment, buildings, etc., are the property of the State, it is incumbent that we handle transfers in accordance with regulations.

(52-E)

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME _____ CASE NO. _____

IN CARE OF _____ RELATIONSHIP _____

DATE OF LEAVE _____ TYPE OF LEAVE _____

ADDRESS _____

TYPE OF COMMITMENT _____ SEX _____

DATE OF ADMISSION _____ AGE/BIRTHDATE ON ADMISSION _____

DATE OF RETURN _____

PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE _____

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

WARD _____ TECHNICIAN _____

CLINIC, TREAT, MEDICATION? _____ PHYSICIAN _____

ACTIVITIES - SPECIFY _____ (School) _____ (Entertainment) _____ (Work Detail

Department	Signed	Date Made
SOCIAL SERVICE		
PHYSICIAN		
DENTIST		

COMMENTS:

SS/lo

SSH Form 719A

52-E

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME CASE NO.

IN CARE OF RELATIONSHIP

DATE OF LEAVE TYPE OF LEAVE

ADDRESS

TYPE OF COMMITMENT SEX

DATE OF ADMISSION AGE/BIRTHDATE ON ADMISSION

DATE OF RETURN

PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

52 D

SSH Form 722A

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME _____ CASE NO. _____ SEX _____

DATE OF RETURN _____ TYPE OF LEAVE _____

COUNTY _____

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

Fill out in triplicate

(52-C)

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME _____ CASE NO. _____

IN CARE OF _____ RELATIONSHIP _____

DATE OF LEAVE _____ TYPE OF LEAVE _____

ADDRESS _____

TYPE OF COMMITMENT _____ SEX _____

DATE OF ADMISSION _____ AGE/BIRTHDATE ON ADMISSION _____

DATE OF RETURN _____

PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE _____

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

WARD _____ TECHNICIAN _____

CLINIC, TREAT, MEDICATION? _____ PHYSICIAN _____

ACTIVITIES - SPECIFY _____ (School) _____ (Entertainment) _____ (Work Detail

Department _____ Signed _____ Date Made _____

SOCIAL SERVICE _____

PHYSICIAN _____

DENTIST _____

COMMENTS:

SS/4

52-C

SSH Form 719A

SONOMA STATE HOSPITAL

Report of Definite or Indefinite Leave

NAME CASE NO.

IN CARE OF RELATIONSHIP

DATE OF LEAVE TYPE OF LEAVE

ADDRESS

TYPE OF COMMITMENT SEX

DATE OF ADMISSION AGE/BIRTHDATE ON ADMISSION

DATE OF RETURN

PATIENT'S ADDRESS IF DIFFERENT FROM ABOVE

THOS. L. NELSON, M.D.
SUPERINTENDENT AND MEDICAL DIRECTOR

52-B

V I S I T

Send to: SUPERVISORS' OFFICE

NO. _____ NAME _____ DATE _____

WARD _____ TECHNICIAN _____

CLINIC, TREAT, MEDICATION? _____ DOCTOR _____

ACTIVITIES - SPECIFY _____ _____ _____
(School) (Entertainment) (Work Detail)

Department Signed Date

SOCIAL SERVICE _____

SUPERVISORS' _____

PHYSICIAN _____

DENTIST _____

VISIT PERMIT

Is hereby granted to:

Responsible Person: _____

Name _____

Address _____

To go _____ To return _____

THOS. L. NELSON, M.D.
Superintendent and Medical Director

COMMENTS:

FOR USE OF SUPERVISORS' OFFICE

Date _____ _____
Supervisor issuing leave

SS/4

UNAUTHORIZED LEAVE OF ABSENCE

10.0 When a patient is officially placed on Unauthorized Leave of Absence (Refer to page 9, para. 1.3) the patient is dropped from the ward's assigned population and after one week the patient's folder is sent to Pre-Administration Office for filing until the patient returns.

11.0 When a patient is returned from Unauthorized Leave of Absence the same ward procedure is used as a return from any Indefinite Leave, (Refer to page 52-A, para 9.0) with the addition of procedure governing apprehension. (Refer to page 8-B and page 9, para. 3.0)

6.0 Definite Visit (D.V.) Social Service will clearly identify this status by the heading at the top of the paper and by the color of the document - Pink. (See SAMPLE - page 52 C .) This document will have attached at the top duplicate copies of form 719-A. (See SAMPLE - page 52 C .) The information printed on the 719-A is carbon copied on the top of the Definite Visit (Pink) slip. At the time the patient is released, the original of the 719-A is given to the party to whom the patient is entrusted. The duplicate copy of the 719-A accompanies the Technician's Daily Report to the Division office. The Pink slip is held on the ward until the patient's return. This activity is reported on the Technician's Daily Report. (Refer to page 51, para. 1.0 and 51-A, para. 18.0)

7.0 When the patient returns from the Definite Visit, the ward makes out form 722-A in triplicate. (See SAMPLE - page 52 D .) All three copies, along with the Definite Visit (Pink) slip, accompany the Technician's Daily Report to the Division office. This activity is reported on the Technician's Daily Report. (Refer to page 51, para. 1.0 and page 51-A, para. 19.0) Refer to page 8 for procedure for Examination of Returned Patients.

8.0 Indefinite Leave: (Family Care Home, Home Placement & Vocational Placement)

The ward will receive from Social Service their form, Green in color, which will indicate the type of Indefinite Leave status the patient is to be released on. This document will have attached to the top duplicate copies of form 719-A (See SAMPLE on page 52-E .) with the information carbon copied onto the Green slip. When the patient leaves the ward, the original of the 719-A is given to the party to whom the patient is entrusted. The Green slip and the remaining 719-A accompanies the Technician's Daily Report to the Division office. This activity is reported on the Technician's Daily Report. When a patient is released on any Indefinite Leave status the patient is dropped from the ward's assigned population, so the ward will have one less "No. of Patients" and one more "Vacant Bed". (Refer to page 51, para. 2.0 and 4.0 and page 51-A, para. 15.0) The patient's folder is sent to Pre-Admission office for filing until the patient returns.

9.0 When the patient is returned from an Indefinite Leave, the ward will fill out form 722-A in triplicate. (See SAMPLE page 52-D .) All three copies accompany the Technician's Daily Report to the Division office. The ward is to receive the patient's folder from the Pre-Admission file. This activity is to be reported on the Technician's Daily Report. The patient's return will give the ward one more "No. of Patients" and one less "Vacant Bed". (Refer to page 51, para. 2.0 and 4.0 and page 51-A, para. 17.0) Refer to page 8 for procedure for Examination of Returned Patients.

NOTE: Patients returning to Sonoma State Hospital from an Indefinite Leave are subject to a period of isolation. Refer to page 8-B for these instructions.

INSTRUCTIONS REGARDING HANDLING OF DOCUMENTS WHEN PATIENTS ARE RELEASED ON ANY LEAVE OF ABSENCE

1.0 It is the responsibility of the Technician II (or Relief) to see that all documents are processed properly and all employees who may be required to process a patient's leaving or returning to the ward are thoroughly instucted as to the correct and proper procedure. This procedure is very closely related to the Technician's Daily Report, as all activity involving a patient's leave status is documented and is reportable on the Technician's Daily Report on the date of the activity.

2.0 All documents giving permission for patients leaving Sonoma State Hospital (over-night or longer) initiates in Social Service Department. A patient may not be released to any one without proper documentation on the ward, or a phone call from Social Service or Central Nursing office, stating the document is on the way to the ward. The one exception to this is if a Parent (or recognized interested party) requests permission to take the patient on a Leave of Absence, and has not previously contacted Social Service and the Social Service Department is not open (i.e. after office hours). The ward Charge may refer the situation to the O.D. who will decide the issue. If the O.D. allows the persons to take the patient, all pertinent information is to be given to the ward's Division Office, who will be responsible for notifying Social Service of the activity.

3.0 Patients are released on various types of Leaves of Absence, identified by the following statuses:

A. Visit: (or V.) To be gone no longer than one week. (See *Note.)

B. Definite Visit (or D.V.) To be gone longer than one week, but no longer than 60 days. (See *Note.)

The Indefinite Leave Statuses

C. Family Care Home (FCH). Home Placement (H.P.). Vocational Placement (V.P.) To be gone for an indefinite period of time beyond 60 days. (See *Note.)

*NOTE: These lengths of time for the various leaves are noted for your general information. Social Service will identify the type of Leave status on the release document. You are not required to determine statuses of the Leave.

The following includes complete instructions covering each of the Leave statuses.

4.0 Visit (V). Social Service will clearly identify this status by the heading at the top of the paper and by the color of the paper - Yellow. (see SAMPLE page 52 B .) The day the patient leaves the ward reports the activity on the Technician's Daily Report. (Refer to page 51, para. 1.0 and page 52, para. 18.0) The Visit slipis held on the ward until the patient's return.

5.0 When the patient returns from the Visit, the ward reports the activity on the Technician's Daily Report. (Refer to page 51, para. 1.0 and page 52, para 19.0) The Visit slip accompanies the Technician's Daily report to the Division office.

WEIGHT RECORD

	19	19	19	19	19	19	19
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
NS/77							

FORM 721.
CALIFORNIA STATE PRINTING OFFICE

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

STATE HOSPITALS

CATAMENIAL RECORD

NAME Doe, Jane HOSP. CASE NO. 24670

YEAR

MONTHS	DATE BEGINNING	DATE ENDING	NUMBER DAYS ILL	SCANTY OR PROFUSE	UNUSUAL PAIN	UNUSUAL SYMPTOMS—REMARKS
JANUARY	INSTRUCTIONS FOR THE USE OF THIS FORM					Length of time between periods. Hyper-active or otherwise. Pain in abdominal region--give explanation--(cramps, pain in one area, etc.)
FEBRUARY						
MARCH	This form is to be made out on every female patient from the time menstruation begins (age 10 to 12) until change of life period (age 40 to 55).					
APRIL	Only the infant wards, the young school girls cottage and the older patient wards are exempt.					
MAY	This form is to be turned in to the Supervisor's Office at the end of each year and it will be placed in the patient's chart.					
JUNE	SAMPLE: 6-8-58	6-12-58	5	scanty		
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

FORM 720

-39-

CALIFORNIA STATE PRINTING OFFICE

STATE OF CALIFORNIA

STATE HOSPITALS

RECORD OF EPILEPTIC SEIZURES

Name Doe, Ella *Hospital Case No.* 23456

DATE 1954

DAY OF MONTH AND NUMBER OF SEIZURES

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Jan.				4		2	1	1	1						1	2	1							1		1			1			16 D
						1										1								1	1	1					1	6 N
Feb.																				1												1 D
										1																						1 N
March	No seizures this month																															D
																																N
April						1	1	1																								3 D
																																0 N
May	No seizures this month																															D
																																N
June	SAMPLE																															
																																N
July	Epileptic seizures are to be recorded as they occur on																															D
	this chart for one year - January through December																															N
Aug.	When chart is completed, send to Medical Records for filing.																															D
																																N
Sept.																																D
																																N
Oct.	Many wards may elect, for convenience in charting, to keep this sheet in a separate place on the ward. They should be kept in a readily accessible place, however, for examination by physician. It should accompany the ward chart when patient is admitted to hospital.																															D
																																N
Nov.																																D
																																N
De																																D

Special Incidents